

# PARENTAL CONSENT AND RELEASE FROM LIABILITY FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_  
Parent(s) business phones \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child \_\_\_\_\_, to attend and participate in the Youth or Children group activities sponsored by Portside Baptist Church from January 1, 2009 through December 31, 2009. We (I) do hereby release, forever discharge and agree to hold harmless Portside Baptist Church and its employees and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activities.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by Portside Baptist Church.

Hospital insurance Yes\_\_\_\_ No\_\_\_\_ \_\_\_\_\_  
Date

Insurance company \_\_\_\_\_ (Please include copy of insurance card front& back)

Policy number \_\_\_\_\_  
Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY PHONE NUMBERS: \_\_\_\_\_

On the reverse side of this page, please list any allergies or special medical problems your child may have.  
Thank you.

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